

PM FORM 5.1.2
NOTICE OF EXTENSION OF TIMEFRAME FOR SERVICE
AUTHORIZATION DECISION REGARDING TITLE XIX/XXI
BEHAVIORAL HEALTH SERVICES
([Click Here for Spanish Version](#))

TO: [ENROLLEE'S/LEGAL REPRESENTATIVE'S NAME/ADDRESS]

FROM: (Name/Address of agency)
CONTACT PERSON/NUMBER

DATE:

You have asked **[Insert Agency Name]** to authorize: **[describe services requested on behalf of the member in easily understood terms.]** _____

We have reviewed your request and determined that we need additional time to obtain additional information to make a decision about authorizing the care you have requested. The reason we need additional time is because: **[The agency's explanation must be complete and in commonly understood language.]** _____

You can expect a decision regarding your request for service authorization to be made no later than **[INSERT DATE]** *(In no event may the date exceed 14 days from the original timeframe to make a standard or expedited service authorization decision or the timeframe as required by the enrollee's health condition.)*

If you disagree with our extension of the timeframes, you can make a complaint. You may contact us at **[INSERT CONTACT NUMBER FOR ORAL COMPLAINTS]** or you can send a written complaint to **[INSERT ADDRESS]**.

If you need help with making a complaint, you may contact **[insert local advocacy or legal aid organizations]**. Persons with a serious mental illness (SMI) may contact an Advocate at the Office of Human Rights at 1-602-364-4574 or 1-800-421-2124. For more information about this notice, you may contact the person whose name and address appears at the top of this notice. You may also refer to your member handbook for more information about the service authorization process.

For translation or alternative format requests, call [insert RBHA 1-800 and local numbers]
Para recibir esta forma español, llame a: [insert RBHA 1-800 and local numbers]